MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 2122

03170

											1
1, PLACE OF DEATH G. COUNTY HOY	ard		MARYLAN								
b. CITY OR TOWN (I	f autside corporate lim acrest lown)	ts, write	c. LENGTH OF STAY IN 25 Yrs.	16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Elkridge						
d. NAME OF HOSPIT	AL (If not in hospitol, a lroad Av	ive street i	address)		d. street address 1916 Railroad Ave. on A FAR YES NO					A FARM?	
3. NAME OF DECEASED (Type or print) JE	mes H.Bu		Middle		Last		DATE OF DEATH	March Mon		061	Year 19
5. SEX Male	6. COLOR OR RACE	7. MARR	NEVER MARRIED		une 26,	1892		9. AGE (In years last birthdoy) yrs.		YEAR IF UNI	
during most of work	ing life, even if retired	1	KIND OF BUSINESS OR I		Virgin		oreign co	untry)		S.A.	COUNTRY
Johnson F	Butler				Dulci			1			
15. WAS DECEASED EVE (Yes. no. or unknown)	R IN U. S. ARMED FOR	arvical	SOCIAL SECURITY NO. 13-36-4130	7. INFO	innie M.	But	ler	1916 R		ad Av	e.
Canditions, if a gave rise to i cause (o), stating lying couse last.	the <u>under-</u>	C	hall Contributing to DEATH	SE BUT NO	TILL OT RELATED TO THE	TERMINAL	DISEASE	CONDITION GIV	PEN IN PART		
	S DNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE NOW INJURY OCCU	JRRED. (Enter noture of inju	Z Z	l or Port	11 of item 18.)		-	FORMED?
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	ar 20d, It While at worl	_ Not while		OF INJURY (Home y, street, office bldg		20f. (City	or town)	(C	aunty)	(Stote
	21. 1 certify that (1) (this haspital) attended the deceased from 1200, 1961, to Mile 14, 1961, that (1) (we) last saw the deceased alive an Mile 14, 1961, and the death accurred at 18 M, from the causes and an the date stated above										
220. SIGNATURE	220. SIGNATURE						TOR 🗆	STAFF PHYS.			226. DATE SIGNEI
NAME (Type)			augh M.D.	(,Elkri		27, Md.	
Burlal, CREMATIC Burlal Burlal	3/18/6	_	Mt.Olive					Lmore, M			tate)
24, FUNERAL DIRECTOR		Suln	ADDRESS hur Spring	Rd		REC'D BY			Than's SIG		

TO HOSA ** OR ATTE ** IG PHYSICIAN: The faw requires that the death certificate be executed within 24 Turs after death Page 4 may be pained by the plad or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funerar director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59

hours and againtin . com to LEIS DECEMBER OF A LINE OF LINE AND LINE INCLUSION OF define ... usual un selligit und trible eile 4 4 6 administration of the analysis of the control of th Mig. 1919 Silver - 130 Sinch M. Bablus 1810 Fallaced at S. The state of the s and pur seculated propert weviltable 18/81/8 lattice ten entry profite LELL and vag-deal

FOR STATE

HEALTH DEPT.

TO DEX XY MEDIC EXAMINER: This certificate should be executed within 24 hours after death. If A delay is nec. y, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your filles. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-trensit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours effer death.

VS. ATSME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND

B	3190ME	DICAL EX	KAMINER'S	CERTIFICAT	TE OF	DEATH		131	77		
1. PLACE OF DEA	HOWARD		MARYLAND	2. USUAL RESIDEN •. STATE Mar	yland	deceesed lived, If it b. COUN			• dmission)		
b. CITY OR TOWI	V (if outside corporete limi	ils, c. Li	ENGTH OF STAY IN 16								
_	and give necrest town)				nwood						
	Lenwood SPITAL OR INSTITUTION (if not in hospitel, g	ive street eddress)	d. STREET ADDRESS				i e, IS R	ESIDENCE		
	Rt. 97			Rt.	97				A FARM?		
NAME OF	First		Middle	Last 4. DATE Month			Dey		-		
(Type or print)			Henry	JONES	OF DEAT	H Marc	h 22,	19	61		
5. SEX	6. COLOR OR RACE	7. MARRIED T	NEVER MARRIED 1 8	. DATE OF BIRTH	1	9. AGE (In yeers		- Tarana and a series			
Male	Colored	WIDOWED	DIVORCED [April 30,	1912	lest birthdey)	Months Deys	Hours	Min.		
	ATION (Give kind of worl		BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign c	ountry)	12. CITIZEN	OF WHAT	OUNTRY		
	working life, even if retire			35-	9		TT	S.A.			
3. FATHER'S NAME		. [1	one	14. MOTHER'S MAIDEN	NAME			D-M-			
F-	rank Jones			C	othows	ne Hende	NA AM				
5. WAS DECEASED	EVER IN U.S. ARMED FOR		L SECURITY NO. 17. 1		a HELL	Address					
(Tes, no, or unkown)	(If yes give we rordetes of s	ervice		Man Malinda	Tamba	1	l areas a				
I IS. CAUSE OF	Mrs Melinda Jones (same as above) [18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).]										
PART I. DE	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) I.vmphosarcoma.										
000	IMMEDIATE CAUSE (e)	Lymphosa	rcoma.						-		
200	CONT DUE TO										
	Conditions, if any, which (b)										
	geve rise to immediate cause [e], stelling the underlying DUE TO										
cause lest.	The state of the s										
PART II. OTI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO X										
PART II. OT	CONTRIBUTING [Ob. DESCRIBE HO	W INJURY OCCURED. (I	Enter neture of Injury in Pe	rt I or Pert II	of item 1B.)	- 1				
20c. TIME OF IN		WhileN	of While feet	CE OF INJURY (Home, ferr ory, street, office bidg., etc		ity or town)	(County)		(Stete)		
Pill			et work	U 4	1						
21. I certify	that I took charge of	DAMES .			Inspection			in my o	pinion		
death resulted	d from: Natural ca	auses X, A	ccident [], Suic	ide . Homicide		ndetermined m	anner				
	1.15	A.		CHIEF MEDICAL	EXAMINER [
ACTUAL BIGNATURE	Wee. U	boulty		M.D. ASSISTANT MED		- Mar		DATE 810	INED		
EXAMINER'S NAME (Type)	William		, Jr., M.D.	redies failes!			,				
22e, BURIAL, CREMA REMOVAL (Spec	TION, 226. DATE THERE	OF 22c.	NAME OF CEMETERY OF	CREMATORY	22d. LOC/	ATION (City, town	, or country)	(Stel	[0]		
Buria	3/25		ocust Metho		TIM BY BECK	Simpso		1/4			
23. FUNERAL DIREC	I'A X	and a	DDRESS A - la . ()	On kell MA		TRAR 246. REG	Umy & thai				
11 11 4 / 1 1	1 1 . J 3 d 1 11	BATT UK	U THE IN AT VI	V DIN DARREN	U U U II	1 110	will a. I was	A/M			

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MARYLAND STATE DEPARTMENT OF HEALTH LTIMORE 1, MARYLAND

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31	91	CERTIFICAT	ľE	OF I	DE/	ATI

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1. PLACE OF DEATH	ward			MARYLAND	2. USUA 0. ST	L RESIDENCE (VATE Maryla:		d lived. If instituti b. COUNTY	-	nce befo		ion
RURAL and give no	If outside corporate lime earest town) tt City	ils, write		of STAY IN 16 8 8mos.								
OR INSTITUTION	TAL (If not in haspital, Manor Hosp		oddress)		d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO							FARM?
NAME OF DECEASED (Type or print)	Mabel			Middle derson	Knust	last	4. DATE OF DEATH	LICIL		2/		Year 19 61
Female	6. COLOR OR RACE	7- MARR		N MARRIED DIVORCED	B. DATE C	3/94		9. AGE (In years lost birthday) 66 yrs.	Months Months	Days Days	Hours	R 24 HRS, Min,
Do. USUAL OCCUPATION during most of work Housew:	king life, even if retire	done 10b.	KIND OF BUS	INESS OR INDU	JSTRY 11. I	_	p, Md.	ountry)		U.S.		OUNTRY?
3. FATHER'S NAME Harr	y S. Ander	son				THER'S MAIDEN						
S. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FO (If yes, give wer or detect of	RCES? 16.	SOCIAL SECU		NFORMAN		910	C.St;Spa		s Po	int,	Md.
Conditions, if a gave rise to i cause (a), stating lying cause last.	the under-	Ce:	rebral nerali	bral Th arteri zed art	oscle	erosis scleros		SE CONDITION GIV	VEN IN PA	RY 1(o)	IP. WAS PERFO	AUTOPSY DRMED?
PART II. OTI	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW IN	NJURY OCCURRE	ED. (Enter r	oture of injury	in Part I or Pa	rt II of item 18.)			YES _	№ □
20c. TIME OF INJUI Hour a.m. p. m.	RY Month, Day, Yo	20d. II While of wor	NJURY OCCUP	te fo	LACE OF IN	JURY (Home, fo t, affice bldg.,	arm, 20f. (Cit	y or town)		(Caunty)		(State)
21. I certify the saw the deceo	ot (I) (this haspitalsed alive on Maj	// 21	st 1961	. r and that	death oc	curred of 3					stoted	
22c. PHY ICIAN'S NAME (Type)	Stephen Le	e Ma	gness,	M.D.	22d T &	ADDRESS Aylor M		ospital,	Elli	cot	t Ci	ty,Mo
230. BURIAL, CREMATIC	3-24-19		23c. NAME Mead	of CEMETERY COWLING	Ceme	ory c ery		rd County			ylan	
24. FUNERAL DIRECTOR		hFre	ADDRES ederick	& Wade	Ave.		MAR 2	0.761	STRAR'S S			

Cirthur S. Kraus

may be value by the spital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban pages. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death. TO HOSP VR A15 (4) 15M 9/59

OR ATTE

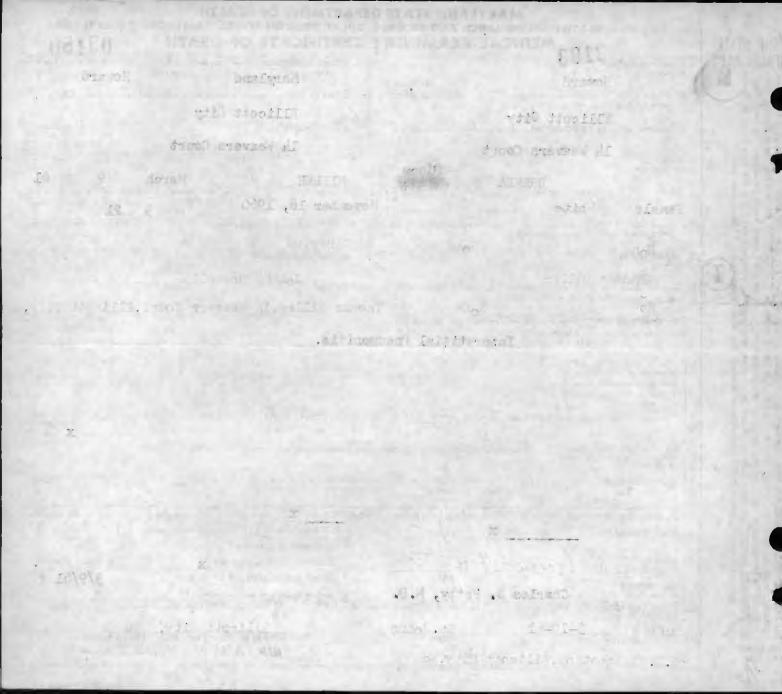
G PHYSICIAN: The law requires that the death certificate be executed within 24.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Resident a. COUNTY b. COUNTY a. STATE director. Payer Howard MARYLAND Maryland Raltimore b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) Board of F write RURAL and give nearest town) West Friedship Raltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? uneral retained mile West of WestbFriendship YES NO State nak NAME OF Middle DATE Month Day Year EXAMINER: This certificate should be executed within 24 hours after death. If a sate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the sate, writing the word "Examiner's Office along with form PM3. Page 5 may be retained. Medical Examiner's Office along with form PM3. Page 5 may be retained. Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the 5 page 3 should be used as a burial-transit permit, file pages 1 and 2 with the 5 page 3 should be used as a burial-transit permit, file pages 1 and 2 with the 5 page 3 should be used as a burial-transit permit. DECEASED OF (Type or print) DEATH March 18,1961 DONA LD EDWARD MERRICK 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) 26 Male White WIDOWED DIVORCED Feb. 19 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working fife, even if retired) JALESMAN ELEC. SUPPLY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME RICHARD F. MERRICK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) ! (If yes a vewer or detecof service) of anna M. Trown - 118 Oak Down 1954-195 18. CAUSE OF DEATH [Enlar only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH 1. DEATH WAS CAUSED BY Crushing injury of left chest Tristant IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gave rise to immediate causa pase exacute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's PUNERAL DIRECTOR: Page 3 should be used as a **DUE TO** (e), stating the underlying couse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19, WAS AUTOPSY CERTIFICATION PERFORMED? YES. NO T 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING Deceased car struck another car from behind MEDICAL 20d. INJURY OCCURREDM 20e. PLACE OF INJURY (Home, form, 1 20c. TIME OF INJURY 20f. (City or town) (County) (State) factory, streat, offica bldg., etc.) prior to While Not While et work at work Highway West Friendship Howard 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Y. Inquiry 3 and in my opinion agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER IX 3-18-61 EXAMINER'S George E. Burgtorf NAME (Type) Address (Street, city, town, or county) 19856 22c. NAME OF CEMETERY OR CREMATORY 228. BURIAL, CREMATION. | 226. DATE THEREOF 22d, LOCATION (City, town, or country) (Stefa) DE REMOVAL (Specify) During 240 p 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR I VS. AISME 2 4 '61 Cirlling & Krous 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) e. COUNTY a. STATE b. COUNTY Heward Howard MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL and give neerest town directo your d Ellicott City Ellicott City d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE uld be executed within 24 hours after death. If a delay in pencil in Item 18. Give Pages 1, 2, and 3 to the trineral Office along with form PM3. Page 5 may be retained to xurial-transit permit. File pages 1 and 2 with the State Booval, and in any evegt—within 72 hours after death. ON A FARM? lh Weavers Court YES NO 11 Weavers Court 3. NAME OF Middle 4. DATE Dev Year Lesi DECEASED Triann (Type or print) DEATH 61 MILLER March 19 BRENDA - DTANN 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yaers | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. lest birthdey) November 18, Hours Whi.te Min. Female WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Olney, Md None 13. FATHER STEE 14. MOTHER'S MAIDEN NAME Thomas Miller Joann Roswell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or uMown) (Ifyesgivewarordatesofservice) Office along with to burial-transit permit smoval, and in any e No Thomas Miller, 14 Weavers Court, Ellicott City None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c). ONSET AND DEATH DEATH WAS CAUSED BY: Interstitial Pneumenitis. IMMEDIATE CAUSE (a) **DUE TO** removal, This certificate should Conditions, if eny, which (b) gave rise to immediate cause "pending" Examiner's 10 DUE TO (a), sleting the underlying 38 0 couse lost. nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1161/19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 Tifficate, writing the word cremat K Medical NO plnods 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I or Part II of item 18.) PRIMARY | or CONTRIBUTING | EXAMINER: CAUSE OF DEATH. Chief 3 buri 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, ferm, . 20f. (City or town) (County) (Stata) should be forwarded to the Chi FUNERAL DIRECTOR: Page factory, street, office bldg., etc.) 2 House a.m. While Not While at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry and in my opinion agent, death resulted from: Natural causes ... Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 3/9/61 EXAMINER'S Charles S. Petty, M.D. NAME (Typa) plnods Address (Street, city, town, or county) 228. BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) DE REMOVAL (Spacify) 0 6 240 Burial 3-10-6 St. Johns Ellicott City 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME MAR 1 3 '61 Circhar S. Kruss 5M 7/59 F.C. Higinbothom, Ellicott City, Md DATE 273195 X V 2



W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S USUAL RESIDENCE (Where decesed lived, it institution, Residence before admiss on) Film G283 PLACE OF DEATH e. COUNTY your files. rd of Health, e. STATE b. COUNTY Frederick Howard Marvland MARYLAND rector, b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Pfeiffers Corner Frederick Boar d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress. d STREET ADDRESS IS RESIDENCE ON A FARM? Waterloo and Old Montgomery Road 330 N. Market Street YES [] NO [Stafi 4 hours after death. If Pages 1, 2, and 3 to the La M3. Page 5 may be retail ages 1 and 2 with the Struithin 72 hyors after dea 3. NAME OF Last DATE Yeer DECEASED [Type or print] CALVIN COMFORT DEATH March MILLER 19 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 19. AGE (In years HE UNDER 1 YEAR) IF UNDER 24 HRS. 8. DATE OF BIRTH birthdey) Months Hours Male White W.DOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY! 11. BIRTHPLACE (Siete or fore gn country) 12. CIT ZEN OF WHAT COUNTRY? done during most of working life, even if retired) in pencil in Item 18. Give Pages T. Edgie Russel Co. pages 1 within Road Construction Thurmont, Maryland U.S.A. Office along with form PM3. buriel-transit permit, File page 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles A. Miller Eleanor Fogle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address Rrederick, Md. (Yes, no. or unknown) (Hyesquewerordetesofservice) Firs. Evelyn A. Hiller-330 N. Larket 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN _≘ ONSET AND DEATH PART I, DEATH WAS CAUSED BYand Multible Tramatic Injuries IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which Examiner's (geve rise to immediate couse DUE TO (e), stating the underlying cause lest. cremation, PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.a. 19, WAS AUTOPSY CERTIFICATION PERFORMED? the certificate, writing the word brwarded to the Chief Medical E. DIRECTOR: Page 3 should be ad agent, prior to burial, cremating 1 NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] Driver in truck-truck collision CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dev. Yeer 20d, NJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stete) fectory, street, office bldg., etc.) While Not While feiffers Corner Md . 81 Work K et work Highway 19 61 21. I certify that I took charge of the remains described above, held an Autopsy Inspection I Inquiry and in my opinion death resulted from: Natural causes Adcident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Charles S. Petty. NAME (Type) Address (Street, city, lown, or county) 228. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY I 22d. LOCATION (City, town, or country) O Frederick, REMOVAL (Specify) ₹40 246, REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VS. A15ME 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH EARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmiss on) a. COUNTY Page HOWARD b. COUNTY n. STATE MARYLAND HOWARD files. MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. e. LENGTH OF STAY IN 16 director. your i write RURAL end give neerest fown) Ellicott City Ellicott City for d. NAME OF HOSPITAL OR INSTITUTION (if not in bospies, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? be retained State Old Annapolis Rd Old Annapolis Rd YES NOT the sin 3 NAME OF M ddle 4. DATE Month dasth. If. DECEASED JOHN Robert RIDGLEY DEATH 1961 (Type or print) March ### Impencial in Item 18. Give Pages 1, 2, and 3 to 1 in Item 18. Give Pages 1, 2, and 3 to 1 in Item 18. Give Pages 1 and 2 with 1 item 19. File pages 1 and 2 with 1 item 19. File pages 1 and 2 with 1 item 19. File pages 1 and 2 with 1 item 19. File pages 1 and 2 with 1 item 19. File pages 1 and 2 with 1 item 19. File pages 1 and 2 with 1 item 19. File pages 1 and 2 with 1 item 19. File pages 1 and 2 with 1 item 19. File pages 1 and 2 with 19. F AGE (In years) IF UNDER 1 YEAR! IF UNDER 24 HRS. ¥i;× S. SEX 6. COLOR OR RACE 7. MARRIED # NEVER MARRIED 8. DATE OF BIRTH and 3 t last birthday) Male WIDOWED [DIVORCED 1912 Mav 6 10e USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Operator Trans. Gas Co. Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Owen Ridgley India Warfield S. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Balto. 23, Md. (Yes, no, or unkown) (If yes give wer or deles of service) Mrs. Ruth L. Ridgley 324 S. Fulton Ave. 216-10-3920 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carbon monoxide intoxication and massive IMMEDIATE CAUSE (e) amoke inhalation Office burial DUE TO removal. Conflagration gave rise to immediate cause "pending" 60 Examiner's **DUE TO** (a), stating the underlying cause lest. pesn PART II, OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY CERTIFICATION PERFORMED? sase execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be its designated anon! YES 🛪 NO 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I) or Part I, of item 18.) Conflagration of home 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) Month, Dev. Yeer factory, street, office bldg., etc.) Whle Not While Md. Howard 21. I certify that I took charge of the remains described above, held an Autopsy 12 and in my opinion inspection death resulted from. Natural causes Accident K Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER T DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER /61 **EXAMINER'S** Bradley King, Jr., M.D. Address (Street, city, town, or county) NAME (Type) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOC ATION (City, town, or country) REMOVAL (Specify) O 240 g Burial Ridgeville, Maryland
24. REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE Pine Grove 23. FUNERAL DIRECTOR VS. A15ME <u>10'61</u> Crimer S. Krous F. C. Higinbothom Ellicott City. Md. 5M 7/59



FOR STATE

MAKILAND STATE DEPARTMENT OF REALTH										
Division of STATIST	ICAL RESEARC	H AND RECORDS,	301 W. PRESTON STREET,	BALTIMORE 1,	MARYLAND					
3196	MEDICAL	EXAMINER'S	CERTIFICATE OF I	DEATH	= 03183					
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HEALETH	DEF 1.		PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whare deceased lived, If institutions Residence before edmission
₹8°,2±			Howard Maryland	Maryland b. COUNTY Howard
P = = =		1-}-	b. CITY OR TOWN (if outside corporeta l.mits, c. LENGTH OF STAY IN 1b	Maryland Howard c CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
our our	(14	ĦZ.	write RURAL end give nearest lown)	C CIT OK TOWN (II obiside corporere limits, write KOKAL end give neerest lown)
2 0 0 V	_	ľ	Clarksville	Clarksville
Y iii			d. NAME OF HOSPITAL OR INSTITUTION (finot in hospitel, give street eddress)	d. STREET ADDRESS
a fail	V		-: 00	ON A FARM
d ate	£ 1		Rt.32	▼ Rt.32
ata is	6		NAME OF First Middle DECEASED	Last 4, DATE Month Dey Yeer OF
르트일은	<u>}</u>		(Type or print) FT.ORENCE SCOTT	DEATH Mar.31,1961 19
毛공공론	Ť.	5.		DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS
dead dead will	90			last birthday) Manthel Dave Moure Min
FE E C	5		Female White WIDOWED X DIVORCED	4-18-1883 77 yrs. Months 23% 110015
# 200 P	4		a. USUAL OCCUPATION (G ve k nd of work one during most of working life, even if retired)	11. BIRTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTR
1 2 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2	7	00	77	Baltimore, Md
100 100 100 100 100 100 100 100 100 100	년	12	At Home None	14. MOTHER'S MAIDEN NAME
A P P P		"	1731(6) (4) 1717(11)	
2 P P	E T		Joseph Stevens	Annie Elizabeth Parlett
돌아 등교	を上	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	INFORMANT
₹ ₩##	0	I (re	es, no, or unkown) (Ifyes giva wer or dates of service)	The last of the same of the sa
Per E	and	١.	None Mrs. None Mrs. None Mrs. None Mrs. None Mrs. None None Mrs. None No	s. Fraley Zimmerman, Rt. 32, Clarksville, Md
D	.⊆			INTERVAL BETWEEN ONSET AND DEATH
Bxe ii ii	2		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Coronary Occlusic	
Par and	- 40		420.1 DUE TO	
Id I	To O			
9.505	i e		Conditions, if any, which gave rise to immediate cause	
TS BY	6		(a), stelling the underlying DUE TO	
ate ine ine	ច		causa last. (c)	
per me	è	z		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPS
EX S	2,0	NO.		PERFORMED?
S P S	i ii	3		YES NO D
FE 출생님	5	CERTIFICA		Entar nature of injury in Pert I or Pert II of item 18.)
독류중국		8	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
N D O M	i i	1		20 AL BUILDING HOLD AND AND AND AND AND AND AND AND AND AN
夏祖语 8	, D	MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)
8 × 0 6	<u> </u>	ME	p m. 19 at work at work	
以場よら	.e		21. I certify that I took charge of the remains described above, he	eld an Autopsy , Inspection A, Inquiry , and in my opinion
5 2 6) <u>C.</u>			
F 4 1	e u		death resulted from: Natural causes . Accident . , Suici	ide, Homicide, Undetermined manner
e constant	Ş.		in 10 -1-1	CHIEF MEDICAL EXAMINER
高卡 美豆	7 -	H	ACTUAL GILLING CONTRACTOR OF MICHELLING	ASSISTANT MEDICAL EXAMINER DATE SIGNED
근목본다	8		SIGNATURE COLOR COLOR	DEPUTY MEDICAL EXAMINER IN 3-31-61
E 9 7 E	.Draws (1	EXAMINER'S	
유민	0		NAME (Type) George E. Rurgtorf M D	Address (Street, city, town, or county)
DE- shoul	<u>~</u>	220	B. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	R CREMATORY 22d. LOCATION (City, town, or country) (Stele)
0 = 40	5		Burial 4-3-61 Mt.Zion	Highland . Md
H H	100	1	FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REG STRAR 24b. REGISTRAR'S SIGNATURE
VS. AISM	E			
5M 7/S9		1	F.C. Higinbothom, Ellicott City, Md	DATE APR 3 '61 Culling & House



Alpha. Md

24b. REGISTRAR'S SIGNATURE

Commer S. Kround

24g. REC'D BY REGISTRAR

APR 3

Mt. View

ADDRESS

should be and Poges 1 after death carbon hours ģ gny burial-transit certificate as the USG fter buriof, detached 2 hould O

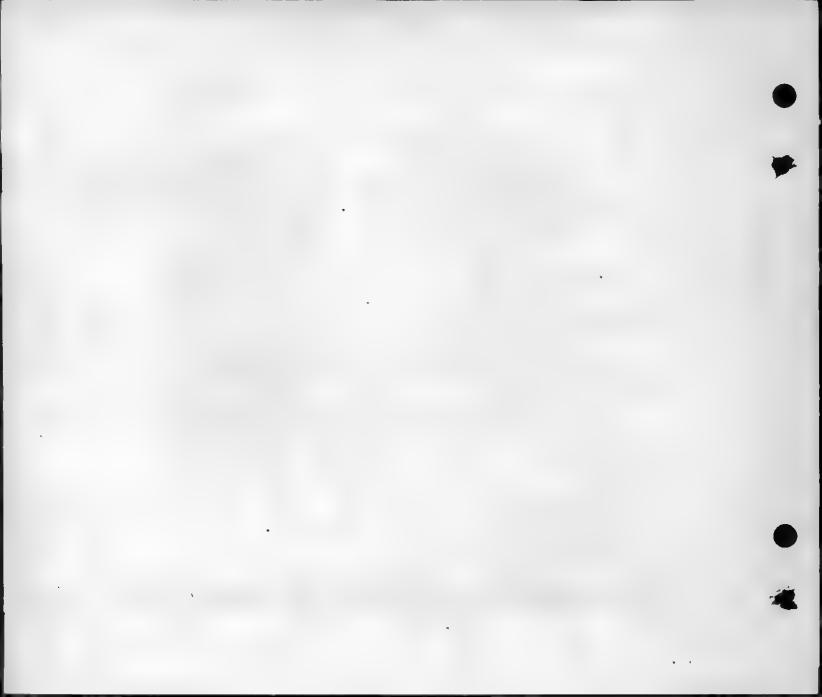
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within

VS A15 (4)

Buria 4-2
23 FUNERAL DIRECTOR'S SIGNATURE

C. Higinbothom . Ellicott City . Md



3198

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

03185

1, PLACE OF DEATH	Item	Film G284		Where deceased lived. If institution	Residence before admission),					
o. COUNTY	ward	MARYLAND	Maryland Baltimore							
b CITY OR TOWN RURAL and give	(If outside corporate limits, write	c LENGTH OF STAY IN 16		outside corporate limits, write RUR	(AL and give negrest town)					
	Ellicott Chty	5 wks	Rural- F	Y						
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give street	ot in hospitol, give street address)		d. STREET ADDRESS						
	Shaffer's Nurs	ing Home	2001 Una	pman Road	YES NO Y					
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year					
(Type or print)	Mr. George		Sheeler	DEATH March						
5. SEX	6. COLOR OR RACE 7 MARI	RIED TO NEVER MARRIED	B. DATE OF BIRTH	- lost hirthdo	F UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min					
Male	White WIDOW		July 10,196	7 - 0 / - / / / / / / / / / / / - / / / / / / / / / / / - / / / / / / / / / / / - / / / / / / / / / / / - / / / / / / / / / / / - / / / / / / / / / / / - / / / / / / / / / / / - / / / / / / / / / / / - / / / / / / / / / / / - / / / / / / / / / / / - / / / / / / / / / / / - / - / / / / / / / / / / / - / / / / / / / / / / / - / / / / / / / / / / / - / / / / / / / / / / / - / / / / / / / / / / / - / / / / / / / / / / / - / / / / / / / / / / / - / / / / / / / / / / / - / / / / / / / / / / / - / / / / / / / / / / / -						
10a. USUAL OCCUPAT during most of wo	ION (Give kind of work done 10b. rking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stot	te or foreign country)	12. CITIZEN OF WHAT COUNTRY					
Owner of	Restaurant	Restaurant		mores Maryland	U.S.A.					
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME						
Conrad S			Unknown	* 6						
(Yes, no, or unknown)	ER IN U. S. ARMED FORCES? 16 [If yes, give wor or dotes of service]		NFORMANT	Addres						
No	2.	14-01-8478	Mra. Evelyn b	Sheeler, 3501	Jnapman Rd.					
	18. CAUSE OF DEATH Enter only one couse per liftle for (o), (b), and (c).]									
Z-J I	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CONSIDER CONCILCUL CICCLACULT CONSISTENCY									
	DUE TO HARRITO (// AMERICO & Combant									
	gove rise to immediate (b) Affilliam (CO) Coulouse & Colonia									
couse (a), stating	the under- DUE TO	(harrila)	asteriana	Oursel -	5 41115					
Z PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 199 WAS AU										
E CARLLIO	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	I NOT KEDATED TO THE TEK	MINAL DISEASE CONDITION GIVE	PERFORMED?					
E 200 ACCIDENT W	AS UNDERLYING 206 DES	CRIBE HOW INJURY OCCURRE	D. /Enter nature of injury is	Port Lor Port II of item 18.)	YES NO					
OR CONTRIBUTION	G CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW HOOK! OCCURRE	or filler house or injury i	, , , , , , , , , , , , , , , , , , , ,						
20c TIME OF INJU			ACE OF INJURY (Home, for clary, street, office bldg., e		(County) (State					
\$ p, m.	10	k ot work								
21 I certify th	ot (I) (this hospital) attend	ded the deceased from	APR14-1.1	958, 10 Mar 25	_, 19.6/, that (I) (y/e) lost					
saw the dece	sed alive on May &	5 1961, and that	death occurred of///	4.M, from the couses and	on the date stated obove.					
220. SIGNATURE	111 5 1	f. 1. mo			22b, DATE SIGNED					
TIO	max C. 1111	cecces 114	M.D PHYS DIRECTOR PHYS							
22c.MHYS1CIAN'S NAME (Type)	Dr. Thomas Whe	eler	22d. ADDRESS	fmar Rd. Balto.	7. Vd.					
			7000 022.	that I'm Date oo t	1 2 244 -					
23a BURIAL, CREMATI "REMOVAL JSpecif	ON, 236 DATE THEREOF	23c NAME OF CEMETERY C		23d. LOCATION (City, town, or						
REMOVAL Specifi Burial		Druid Ridg		Baltimore,	Maryland					
24. FUNERAL DIRECTO	R'S SIGNATURE	8728 Liberty	Rd.		RAR'S SIGNATURE					
to Stille	14-14010	Randallstown	Md DATEVIA	AR 3 0 '61 Cont.	un S. Kraus					

TO HOS. I. OR ATT NG PHYSICIAN: The law requires that the deoth certificate be executed within 24 yrs after demand by the spiral or attending physicion.

TO FUNEX.1 DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shamld be detached far use as the buriol-transit permit. Then please remove carban papers. Pages 3 and 2 should be filed with the State Board of Health priar to burial, cremotian, ar remaval, ond in any event, within 72 hours ofter death.

VR A1S (4) 15M 9/59



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	1. PL	COUNTY HOW CAR	MARYLAND	2. USUAL RESIDENCE (Where decorate or STATE	b. COUNTY	ce before admission)
		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	C CITY OR TOWN (If outside)	corporate limits, write RURAL and g	ive nearest lawn)
	d.	NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION / flag / // // // // //		d STREET ADDRESS	Redge Nd	e IS RESIDENCE ON A FARM? YES NO
	DE	AME OF CEASED areah first are or print	thington	Souther 4. Di		Day Year 30 196/
1	S SE	1 a/e - 6. COLOR OR RACE 7 MAR	The state of the s	luguet 15/8	9 AGE (In years last birthday) 6 F 9 2 yrs Months	T YEAR IF UNDER 24 HRS. Days Hours Min.
all lines	10a L	USUAL OCCUPATION (Give kind of work done during most of working life, exem if retired) Confidential	KIND OF BUSINESS OR INDUS	TRY SIRTHPLACE (Stote or fore	ign country) 12 CITI	ZEN OF WHAT COUNTRY?
	13. FA	ATHER'S NAME AND BOLL	Sander	14. MOTHER'S MAIDEN NAME	12 ?	
		/AS DECEMED EVER IN J. S ARMED FORCES? 16. or unkglowd) (If yes, give wor or doles of service)	SOCIAL SECURITY NO	formant David	en famel	ml
		PART I. DEATH Enter only one couse per learning to the manual per learning	ine for (a), (b) and (c)	ardetes		INTERVAL BETWEEN ONSET AND DEATH HOLDER
	CATION	Part It OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PAR	T 1(o) 19, WAS AUTOPSY PERFORMED? YES NO 1
	CERTIFI	206. ACCIDENT WAS UNDERLYING 206. DES DR CONTRIBUTING 2 CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE), (Enter nature of injury in Part 1 c	or Port II of item 18.)	
	MEDICAL	Hour o.m. While	f	ACE OF INJURY (Home, form, 20f tary, street, office bldg., etc.)	(City or town) (I	County) (State)
		21. I certify that (I) (this haspital) attensaw the deceased alive an 724			ta $3/3\sigma$, 19 C ram the causes and an the	
ĵ.		no signature Let Tillow	1710y	ATTENDING MED. PHYS DIRECTO	R PHYS.	225 DATE SIGNED
	ĺ	PAYSICIAN'S POBERT S. MC 402 MAIN ST.	CENTY M.D.	22d. ADDRESS		to the same and the same of th
-	B	BURIAL, CREMATION, 22 AUTHORIERECMD. REMOVAL (Specify) AUTHORIES AUTHORITY AUTHORITY	235 NAME OF CEMETERY O	CEMETERY 23d	OCATION (City, town, or county)	ad
Þ	24 FL	WERAL DIRECTOR'S SIGNATURE	ADDRESS .	DATE APR	00	S. Kraha

Page 4 TO HOS — (OR ATT NO PHYSICIAN: The law requires that the death martificate be executed within 24 are after do rage 4 may be hanned by a spital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely files in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should-be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		320	0	CERTIFIC	ATE OF DEATI	Н		Reg. Dist.	No. () :	3187	
	PLACE OF DEATH o. COUNTY	oward		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Howard						
	b. CITY OR TOWN (I RURAL and give no	Foulside carporate limit	s, write	c. LENGTH OF STAY IN 16	c.CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City						
	d. NAME OF HOSPIT OR INSTITUTION 261	At (If not in hospitol, of Church Lar		oddress)	d. STREET ADDRESS 261 Church	1 Lane			ON	RESIDENCE I A FARM?	
	NAME OF DECEASED (Type or print)	Harry	t)	Middle Cleaver	Steelman	4. DATE OF DEATH	Mar.	# ₄	Day	Year 19 61	
	male	6. COLOR OR RACE	7. MARI	RIED M NEVER MARRIED DIVORCED DI	B. DATE OF BIRTH June 26, 1883	2	9. AGE (In years lost birthday)	Manths Do	EAR IF UN	IDER 24 HR:	
	USUAL OCCUPATIO	ON (Give kind of work or ling life, even if retired)	ane 10b	KIND OF BUSINESS OR INDU			ountry)	12. CITIZE	EN OF WH	AT COUNTI	
	FATHER'S NAME	lman				name ara Jai	ne Cleave	r			
		R IN U. S. ARMED FORI			INFORMANT rs Bessie Stee	elman,	Ellie	tt Cit	y, Md		
		ITH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	-	ne for (a), (b), and (c).)		Y -	1101		INTERVAL ONSET AN	BETWEEN ND DEATH	
	Conditions, if a gave rise to it cause (a), stating lying cause last.	mmediate (- F	tardiac A		450	7134		10	7725 445.	
CATION		HER SIGNIFICANT CONI		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	CONDITION GIV	EN IN PART I	PER	S AUTOPSY FORMED?	
L CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	7 20d. If While at war	Nat while fo	ACE OF INJURY (Hame, form ictory, street, office bldg., etc	n, 20f. (City	or town)	(Cau	inty)	{State	
	21. I certify the alive on	at I attended the	deceas _, 19 d		M.D.						
		The same of the sa	1	Town I	~ 1/	-	P 1 1 1				

certificate has been signed by the attending physician and campletely e as the burial-transit permit. Then please remove carbon popers. Pastion, or removal, and in any event within 72 hours ofter death. TO FUNS

requires that the death certificate be executed within

director. Page 4

220. BURIAL, CREMATION, REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE F.C. Higinbothom

226. DATE THEREOF

3/6/61

Good Shepherd

22c. NAME OF CEMETERY OR CREMATORY

Ellicott City, Md.

24a. REC'D BY REGISTRAR DATE MAR 1 0 '61

(State)

Critical S. Kraus

22d. LOCATION (City, town, or county)

The same of the sa Service details and a service and a service the contract of the contract o · A representation of

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY MARYLAND and b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 E, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 6 write RURAL and give nearest fown) 5 72 hours after and Pages filled d. NAME OF HOSPITAL OR ASTITUTION (if not in hospital, give street address) d. STREET ADDRESS 30 completely 3. NAME OF DECEASED OF DEATH (Typa or print) pou 6. COLOR OR RACE 7. MARRIED 9. AGE (In years | IF UNDER 1 YEAR 5. SEX NEVER MARRIED last birthday) pue Months Lea WIDOWED DIVORCED event, physician 10a, USUAL OCCUPATION (Giva kind of work remov≡ 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if ratired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please affending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. Than oval. (Yas, no, or unkown) | (Ifyasgivawarordatasofservica) no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). þ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying has causa last. the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(1) 19. WAS AUTOPSY certificate as 0 use prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) After this ce OR CONTRIBUTING | CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) factory, streat, office bldg., atc. While Not While Hour a.m. at work at work CTOR: 21. I certify that (I) (this/hospital) aftended the deceased from. M, from the causes and on the sete stated above. saw the deceased alive by 19..... and that death occured at DIREC 22a. SIGNATURE ATTENDING MED STAFF PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) director, p 23c. NAME OF CEMETERY OR CREMATORY 23d. LQCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 258. REC'D BY REGISTRAR . REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) arilar S. Kraus 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM?

YES NO X

196

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(State)

that (I) (we) last

22b, DATE

(Sfafa)

SIGNED

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

IF UNDER 24 HRS.

Min.

hospital P RAL

